

ADDRESS CHANGE FORM

Mail, fax or scan and email a copy to:

**S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815  
Email: cchauvi@regstaff.sc.gov**

DATE: \_\_\_\_\_

Please consider this my request for an **Address Change** of the following certificate:

- ☐ Class C Taxi Certificate Number \_\_\_\_\_
- ☐ Class C Charter Certificate Number \_\_\_\_\_
- ☐ Class C Charter Bus Certificate Number \_\_\_\_\_
- ☐ Non-Emergency Certificate Number \_\_\_\_\_
- ☐ Class E Household Goods Certificate Number \_\_\_\_\_
- ☐ Class E Hazardous Wastes Certificate Number \_\_\_\_\_

\_\_\_\_\_  
Name of Company (Include DBA if applicable)

I am changing my: ☐ Street Address ☐ Mailing Address ☐ Both

\_\_\_\_\_  
New Street Address

\_\_\_\_\_  
City, State, Zip Code for Street Address

\_\_\_\_\_  
New Mailing Address

\_\_\_\_\_  
City, State, Zip Code for Mailing Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (President, Owner, etc.)